



PARKS AND RECREATION DEPARTMENT
301 Grove Street, Lynchburg, VA 24501
Phone: (434) 455-5858 Fax: (434) 528-2794
Web site: www.lynchburgva.gov/parksandrec

PERMIT NO. _____

Date Received _____

FACILITY AND PARK USE PERMIT – SIMPLE USE

Name of Applicant: _____ Day Phone No.: _____

Address: _____
Street City State Zip

Are you a City of Lynchburg resident? ☐ Yes ☐ No E-Mail Address: _____

Is another individual, organization or business sponsoring this activity? ☐ Yes (fill out information below) ☐ No

Name of Sponsoring Organization or Group: _____

Address: _____
Street City State Zip

Facility or shelter desired: _____ Date Requested: _____

Hours of facility rental: From _____ to _____ (Shelter rentals are from 9 a.m. to 9 p.m. – one rental per shelter per day)

Will you use the pool table? (For community center use only) ☐ Yes ☐ No Estimated Attendance: _____

Proposed use: _____

PLEASE READ:

- The person or persons to whom the permit is issued shall be responsible for any and all damage to Park and City property and shall assume the defense of and indemnify and save harmless the City, its employees, and officers from and against any and all claims, liabilities, judgments, costs, causes of action, damages and expenses whether in law or equity or otherwise, and shall pay all attorney's fees, court costs and other costs incurred in defending such claims, which may accrue against, be charged to, be recovered from or sought to be recovered from the City, its employees and officers for reason of damage to property, personal injury or death of any person rising from the applicant's use of the City Park or other City facilities. The Director, with the concurrence of the City Attorney, may require such public liability insurance as he/she deems to be necessary to protect the interest of the City.
- All requests for refunds or changes to approved permit must be received 10 days in advance of reservation date. A \$10.00 handling fee will be assessed for processing changes or refunds.

I have read and understand the above statements. My signature below indicates I agree to the terms listed.

The Lynchburg Parks and Recreation Department complies with the Americans with Disabilities Act for qualified individuals. If reasonable accommodation is needed, please tell us upon registering and at least ten days prior to the event.

=====For Office Use Only=====

☐ Permit Granted ☐ Permit Denied By _____ Date Processed _____

Comments/Condition _____

Amount Received _____ ☐ Cash ☐ Check _____ Receipt No. _____

Copies to: ☐ Facilities Supervisor (2) ☐ Buildings & Grounds ☐ Park Services Manager